

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI DR. CRAIG K NICKNAME LAST SUFFIX BROWN		<div style="border: 2px solid blue; border-radius: 50%; padding: 10px; text-align: center;"> CITY SECRETARY'S OFFICE RECEIVED JAN 15 2020 RD 8:03 AM CITY OF GALVESTON </div>
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2019 Avenue N½ Galveston TX 77550 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 789-5099		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. ANGELA K. NICKNAME LAST SUFFIX BROWN		Receipt # Amount \$
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2019 Avenue N½ Galveston TX 77550 (Residence or Business)		Date Processed Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 766-0982		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 16 / 2019 THROUGH 12 / 31 / 2019		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 05 / 02 / 2020 </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) City Councilman MAYOR District 2		

GO TO PAGE 2

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE
NAME

MS / MRS / MR

FIRST

MI

Dr.

CRAIG

K

NICKNAME

LAST

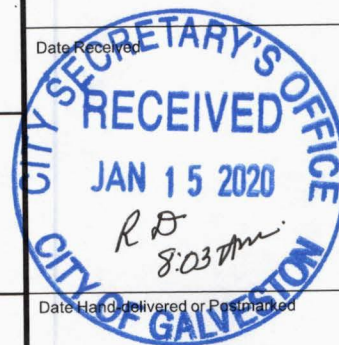
SUFFIX

BROWN

OFFICE USE ONLY

Acct. #

Date Received



Date Hand-delivered or Postmarked

Date Processed

Date Imaged

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2019

Ave N^{1/2}

Galveston Tx

77550

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409) 789-5099

5 OFFICE
HELD
(if any)

City Councilman - District 2

6 OFFICE
SOUGHT
(if known)

City of Galveston MAYOR

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS.

Angela

K.

#

Brown

8 CAMPAIGN
TREASURER
STREET
ADDRESS

(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2019 Ave. N^{1/2}

Galveston Tx

77550

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409) 766-0982

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Craig K Brown
Signature of Candidate

1-15-20
Date Signed

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Dr. Craig K. Brown

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2502-

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 42,623.60

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 1,992.96

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 67,450

18 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Craig K. Brown
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Craig Brown, this the 15th
day of Jan, 2020, to certify which, witness my hand and seal of office.

Rose D'Ambra

Signature of officer administering oath

Rose D'AMBRA

Printed name of officer administering oath

Sr. Adm. Assistant

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Dr. Craig Brown

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2502-
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 35,000-
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 40,056.39
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2567.21
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Dr. Craig Brown

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

8-22-19

7 Name of lender

☐ out-of-state PAC (ID#: _____)

CRAIG K. BROWN

9 Loan Amount (\$)

\$ 20,000

6 Is lender a financial Institution?

Y ☒ N

8 Lender address;

City;

State;

Zip Code

2019 Ave. N¹/₂

Galveston Tx. 77550

10 Interest rate

0

11 Maturity date

NA

12 Principal occupation / Job title (See Instructions)

Retired

13 Employer (See Instructions)

NA

14 Description of Collateral

☒ none

15

☒ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

11-15-19

Name of lender

☐ out-of-state PAC (ID#: _____)

CRAIG K. BROWN

Loan Amount (\$)

\$ 15,000

Is lender a financial Institution?

Y ☒ N

Lender address;

City;

State;

Zip Code

2019 Ave. N¹/₂

Galveston Tx 77550

Interest rate

0

Maturity date

NA

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

NA

Description of Collateral

☒ none

☒ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☒ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

DR. CRAIG BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

8-12-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Donna Dee's + Tim Tobin

7 Amount of contribution (\$)

\$ 100

6 Contributor address;

City;

State;

Zip Code

Thru Pay Pal

Galveston TX 77550

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

8-12-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dom Nuckols

Amount of contribution (\$)

\$ 50

Contributor address;

City;

State;

Zip Code

Thru Pay Pal

Galveston TX 77550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-27-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Debbie Jones

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

2016 Ave. O

Galveston TX 77550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-3-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dr. Robert James

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

51 Blue Heron

Rockport TX. 78382

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

DR. CRAIG BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

8-16-19

5 Full name of contributor

Jerry + Winkie Mohn

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$1000

6 Contributor address;

City;

State;

Zip Code

4210 Silver Reef
PBW ND. 1

Galveston TX 77554

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

10/17/19

Full name of contributor

Gladys Stansberry

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$75

Contributor address;

City;

State;

Zip Code

thru PayPal

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-17-19

Full name of contributor

Lisa Krotzer

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

thru PayPal

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-17-19

Full name of contributor

Dennis McNabb

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

thru PayPal

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

DR. CRAIG BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

10-17-19

5 Full name of contributor

Angela Brown

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2.00

6 Contributor address;

thru PayPal

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

11-5-19

Full name of contributor

Charles Rouse

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200-

Contributor address;

thru PayPal

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

#

11-25-19

Full name of contributor

WAYNE + ALICE OQUIN

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

2009 AVE. N

City;

Galveston TX

State;

Zip Code

77550

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11-29-19

Full name of contributor

Paul Lyle

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200

Contributor address;

1715 Ball St.

City;

Galveston TX

State;

Zip Code

77550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME DR. CRAIG BROWN		3 Filer ID (Ethics Commission Filers)
4 Date 11-25-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dorothy Trevino 6 Contributor address; City; State; Zip Code 2601 Gerol Dr. Galveston TX 77551	7 Amount of contribution (\$) \$ 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-10-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daryl Ewing Contributor address; City; State; Zip Code Thru PayPal	Amount of contribution (\$) \$ 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-10-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christy Callahan Contributor address; City; State; Zip Code Thru PayPal	Amount of contribution (\$) \$ 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elliott Stuart Contributor address; City; State; Zip Code Thru PayPal	Amount of contribution (\$) \$ 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

DR. CRAIG BROWN

3 Filer ID (Ethics Commission Filers)

4 Date

12-19-19

5 Full name of contributor

Matthew Brown

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100

6 Contributor address;

thru Pay Pal

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Self

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Dr. Craig Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 7-20-19		5 Payee name TREY CLICK			
6 Amount (\$) 720.95		7 Payee address; City; State; Zip Code 2423 Market #1 Galveston TX 77550			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Reimburse FOR 4000 Labels From uprinting.com		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 8-22-19		Payee name Trey CLICK			
Amount (\$) \$8400		Payee address; City; State; Zip Code 2423 Market #1 Galveston TX 77550			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Contract LABOR		Description 4 months newsletter + Mayor Campaign Mgr.		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date 8-27-19		Payee name Falcon Tail Enterprises LLC			
Amount (\$) \$4979.81		Payee address; City; State; Zip Code 3520 Orange Ave. Texas City Tex. 77590			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Website, Facebook, Instagram		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Dr. Craig Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 9-11-19		5 Payee name Trey Click			
6 Amount (\$) \$2100		7 Payee address; City; State; Zip Code 2423 Market #1 Galveston TX 77550			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising contract LABOR		(b) Description Newsletter (Sept) MAYOR Campaign Mgr.		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-30-19		Payee name Mindy LAKIN			
Amount (\$) \$110.27		Payee address; City; State; Zip Code 715 Winnie St. Galveston TX 77550			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food + Beverage Expense FOR EVENT		Description Reimburse for Beverages From Trader Joe's		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-5-19		Payee name Elizabeth Donlon			
Amount (\$) \$80		Payee address; City; State; Zip Code KNAPP - TTU Lubbock TX 79406 225 A			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Social Media Posts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Dr. Craig Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 10-6-19		5 Payee name TREY CLICK			
6 Amount (\$) \$132.18		7 Payee address; 2423 Market #1		City; Galveston TX	State; Zip Code 77550
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising		(b) Description Reimburse FOR Campaign Cards from Minute MAN Press		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10-6-19		Payee name TREY CLICK			
Amount (\$) \$2100		Payee address; 2423 Market #1		City; Galveston TX.	State; Zip Code 77550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Contract LABOR		Description newsletter - Oct Campaign mgr.		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10-15-19		Payee name Falcontail Enterprises LLC			
Amount (\$) 4979.81		Payee address; 3520 Orange Ave.		City; Texas City	State; Zip Code Tex. 77590
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Website, Facebook Instagram		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Dr. Craig Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 11-8-19		5 Payee name Galveston Chamber of Commerce			
6 Amount (\$) \$100		7 Payee address; 2228 Mechanic St. # 101		City; Galveston TX	State; Zip Code 77550
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description membership		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 11-15-19		Payee name Falcontail Enterprises LLC			
Amount (\$) \$4979.81		Payee address; 3520 Orange Ave.		City; Texas City	State; Zip Code Tex 77590
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description website, Facebook Instagram		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 11-25-19		Payee name TREY CLICK			
Amount (\$) \$2100		Payee address; 2423 MARKET #1		City; Galveston TX	State; Zip Code 77550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising Contract Labor		Description Newsletter - NOV. Campaign mgr		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Dr. Craig Brown		3 Filer ID (Ethics Commission Filers)	
4 Date 11-25-19		5 Payee name TREY CLICK			
6 Amount (\$) \$162.63		7 Payee address; 2423 Market #1		City; Galveston	State; TX
				Zip Code 77550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Banner - AB Sign Shop Reimbursement		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12-11-19		Payee name Trey Click			
Amount (\$) \$2100		Payee address; 2423 Market #1		City; Galveston	State; TX
				Zip Code 77550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Contract Labor		Description news letter Campaign Manager		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12-11-19		Payee name Falcontail Enterprises L.L.C.			
Amount (\$) \$4979.81		Payee address; 3520 Orange Ave.		City; Texas City	State; TX
				Zip Code 77590	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Website, Facebook Instagram		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Dr. Craig Brown	3 Filer ID (Ethics Commission Filers)
4 Date 12-18-19	5 Payee name The Bryan Museum	
6 Amount (\$) \$2000	7 Payee address; City; State; Zip Code 1315 21st Street Galveston TX 77550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Kick-off Event at The Bryan Museum- Space
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 8/12/19 to 12/23/19	Payee name Pay Pal	
Amount (\$) \$31.12	Payee address; City; State; Zip Code on Line	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees to process donations thru PAY PAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1		2 FILER NAME Dr. Craig Brown		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 7-31-19		6 Payee name Visa			
7 Amount (\$) 2271.46		8 Payee address; paid on line City; State; Zip Code			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description T-shirts TOP Gear Apparel	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date 12-14-19		Payee name Visa			
Amount (\$) \$295.75		Payee address; paid on line City; State; Zip Code			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) advertising		Description Bumper stickers Dri-Printing	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CODE OF FAIR CAMPAIGN PRACTICES

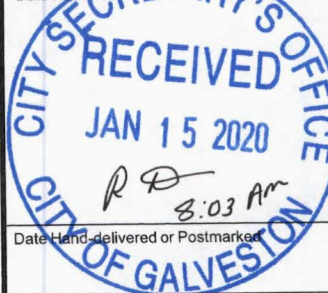
FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received



Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE ☒

POLITICAL COMMITTEE ☐

*If filing as a candidate, complete boxes 3 - 6,
then read and sign page 2.*

*If filing for a political committee, complete
boxes 7 and 8, then read and sign page 2.*

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

Dr.

FIRST

Craig

MI

K

NICKNAME

LAST

Brown

SUFFIX (SR., JR., III, etc.)

**4 TELEPHONE NUMBER
OF CANDIDATE**
(PLEASE TYPE OR PRINT)

AREA CODE

(409)

PHONE NUMBER

766-789-5099

EXTENSION

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2019 AVE NY2 Galveston TX 77550

**6 OFFICE SOUGHT
BY CANDIDATE**
(PLEASE TYPE OR PRINT)

City of Galveston MAYOR

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

**8 NAME OF CAMPAIGN
TREASURER**
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

MRS.

FIRST

Angela

MI

K

NICKNAME

LAST

Brown

SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

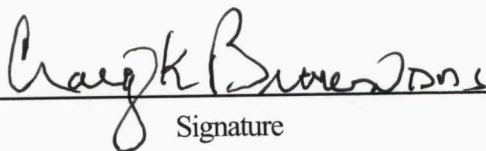
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.


Signature

1-15-20

Date